

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



August 31, 1990

ALL-COUNTY LETTER NO. 90-83

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: TRANSITIONAL CHILD CARE CHARACTERISTICS SURVEY

The Statistical Services Bureau will be conducting a Transitional Child Care (TCC) Characteristics Survey during the month of November 1990. This survey is being conducted in response to AB 1706, Chapter 36, Statutes of 1990, which requires the State Department of Social Services (SDSS) to provide the Legislative Analyst's Office (LAO) with information on the characteristics of recipients of TCC benefits. The purpose of this letter is to inform you of the scope and workload activities associated with this survey.

The type of characteristics to be collected through this survey will include, but not be limited to, aid status of the case at the time of discontinuance from Aid to Families with Dependent Children (AFDC), age, gender, and citizenship status of each person within the TCC family, total number of persons within the family, average amount of TCC benefits per case, average amount of family fee per case, average amount of income per case, and the length of time a family receives TCC benefits.

This will be a two-part survey. The initial study month will be November 1990. In November, we will gather all information necessary to respond to the LAO's request with the exception of data on the average length of time a family receives TCC benefits. In order to gather this information, a TCC case must be closed. Therefore, we will allow 12 months to pass before re-surveying the sample cases. This follow-up survey will be conducted in November 1991.

The target universe for the survey will be TCC cases receiving reimbursement during the month of November 1990 as reported on the TCC Monthly Caseload Report (CA 237 TCC), Part B, Line 8.a. These are cases which are determined eligible to receive TCC benefits and whose requests for TCC reimbursement are approved during November 1990. Cases which are approved for more than one reimbursement during November are to be reported only once.

Since the Medi-Cal Eligibility History File does not have a TCC indicator, each county will be responsible for developing their own universe list of cases whose requests for TCC reimbursement are approved during November 1990. The number of TCC cases on each county's universe list must be reported to the Statistical Services Bureau by December 18, 1990. The enclosed Attachment A should be used to report the number of cases in your TCC universe. This information is necessary in order for SDSS to determine the sample size on a statewide and individual county basis. Please note that while developing a methodology for identifying TCC cases to include in the universe, it is imperative that you be able to identify each individual case for sampling purposes.

In late-December 1990, each county will receive specific instructions on how sample cases will be drawn from the county-generated case listing. The number of cases to be sampled from the universe, along with copies of the questionnaire, will also be sent to you at that time.

As one of the first steps in this project, the counties will need to submit the name of a person to act as liaison for the survey. Attachment B is a form which should be used to transmit the name of the liaison person for your county. Please mail this attachment to SDSS by September 28, 1990. Direct this information, as well as any questions regarding this survey, to:

Department of Social Services
Statistical Services Bureau
744 P Street, M.S. 19-84
Sacramento, CA 95814

Attention: Mary Ann Y. Kashiwagi

Phone: (916) 323-4668 or ATSS 473-4668

In the meantime, each county will be responsible for developing a process which will give them the ability to identify TCC cases whose requests for TCC reimbursement are approved during the month of November 1990, as described above. Thank you for your cooperation.



DENNIS J. BOYLE
Deputy Director

Enclosures

cc: CWDA

**TRANSITIONAL CHILD CARE (TCC)
CHARACTERISTICS SURVEY**

STUDY MONTH: NOVEMBER 1990

TCC CASELOAD INFORMATION
FOR THE MONTH OF NOVEMBER 1990

Enter the Number of TCC Cases Receiving
Reimbursement During the Month of November 1990: _____

County Name: _____

Your Name: _____

Phone Number: (_____) _____

PLEASE RETURN BY DECEMBER 18, 1990 TO:

Department of Social Services
Statistical Services Bureau
744 P Street, MS 19-84
Sacramento, CA 95814

Attention: Mary Ann Y. Kashiwagi

**TRANSITIONAL CHILD CARE
CHARACTERISTICS SURVEY**

STUDY MONTH: NOVEMBER 1990

COUNTY LIAISON INFORMATION

County: _____

Liaison Name: _____

Title: _____

Mailing Address: _____

Phone Number: (____) _____

PLEASE RETURN BY SEPTEMBER 28, 1990 TO:

Department of Social Services
Statistical Services Bureau
744 P Street, MS: 19-84
Sacramento, CA 95814

Attention: Mary Ann Y. Kashiwagi